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|--|----------------------|------------------------|---------|
| TRANSMITTAL FORM <i>(to be used for all correspondence after initial filing)</i> | Application Number | 10/690,159 | |
| | Filing Date | October 16, 2003 | |
| | First Named Inventor | Mark A. Michalicek | |
| | Art Unit | 2818 | |
| | Examiner Name | Thao P. Le | |
| Total Number of Pages in this Submission | 11 | Attorney Docket Number | AFD 625 |

| ENCLOSURES <i>(check all that apply)</i> | | |
|--|---|--|
| <input checked="" type="checkbox"/> Fee Transmittal Form | <input type="checkbox"/> Drawing(s) | <input type="checkbox"/> After Allowance Communication to TC |
| <input type="checkbox"/> Fee Attached | <input type="checkbox"/> Licensing-related Papers | <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences |
| <input checked="" type="checkbox"/> Amendment / Reply | <input type="checkbox"/> Petition | <input type="checkbox"/> Appeal Communication to a Group (Appeal Notice, Brief, Reply Brief) |
| <input type="checkbox"/> After Final | <input type="checkbox"/> Petition to Convert a Provisional Application | <input type="checkbox"/> Proprietary Information |
| <input type="checkbox"/> Affidavits/declaration(s) | <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address | <input type="checkbox"/> Status Letter |
| <input type="checkbox"/> Extension of Time Request | <input type="checkbox"/> Terminal Disclaimer | <input type="checkbox"/> Other Enclosure(s) <i>(please identify below):</i> |
| <input type="checkbox"/> Express Abandonment Request | <input type="checkbox"/> Request for Refund | |
| <input type="checkbox"/> Information Disclosure Statement | <input type="checkbox"/> CD, Number of CD(s) _____ | |
| <input type="checkbox"/> Certified Copy of Priority Document(s) | <input type="checkbox"/> Landscape Table on CD | |
| <input type="checkbox"/> Response to Missing Parts / Incomplete Application | Remarks | |
| <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53 | | |

| SIGNATURE OF APPLICANT, ATTORNEY OR AGENT | |
|---|-------------------------|
| Firm or Individual Name | GERALD B. HOLLINS |
| Signature | <i>Gerald B Hollins</i> |
| Date | <i>22 March 2005</i> |

| CERTIFICATE OF TRANSMISSION / MAILING | | |
|---|-------------------------|---------------------|
| I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below. | | |
| Signature | <i>Gerald B Hollins</i> | |
| Typed or printed name | GERALD B. HOLLINS | Date March 22, 2005 |

MAR 24 2005

Effective on 12/8/2004.
Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

FEE TRANSMITTAL for FY 2005

Complete if Known

☐ Applicant claims small entity status. See 37 CFR 1.27.

TOTAL AMOUNT OF PAYMENT

(\$ 600.00

Application Number

10/690,159

Filing Date

October 16, 2003

First Named Inventor

Mark A. Michalicek

Examiner Name

Thao P. Le

Group Art Unit

2818

Attorney Docket Number

AFD 625

METHOD OF PAYMENT (check all that apply)

☐ Check ☐ Credit Card ☐ Money Order ☐ None ☐ Other (please identify):

☒ Deposit Account

Deposit Account Number

AF 01-0465

Deposit Account Name:

Department of the Air Force

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

☒ Charge fee(s) indicated below

☐ Charge fee(s) indicated below, except for the filing fee

☒ Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17

☒ Credit any overpayments

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

FEE CALCULATION

1. BASIC FILING, SEARCH, AND EXAMINATION FEES

| Application Type | FILING FEES | | SEARCH FEES | | EXAMINATION FEES | | Fees Paid (\$) |
|------------------|-------------|-----------------------|-------------|-----------------------|------------------|-----------------------|----------------|
| | Fee (\$) | Small Entity Fee (\$) | Fee (\$) | Small Entity Fee (\$) | Fee (\$) | Small Entity Fee (\$) | |
| Utility | 300 | 150 | 500 | 250 | 200 | 100 | 0 |
| Design | 200 | 100 | 100 | 50 | 130 | 65 | 0 |
| Plant | 200 | 100 | 300 | 150 | 160 | 80 | 0 |
| Provisional | 200 | 100 | 0 | 0 | 0 | 0 | 0 |

2. EXCESS CLAIM FEES

Fee Description

Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent

Fee (\$)

Small Entity Fee (\$)

50

25

Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent

200

100

Multiple dependent claims

360

180

Total Claims

Extra Claims

Fee (\$)

Fee Paid (\$)

33

- 21 or HP =

8

x

50

=

400

HP = highest number of total claims paid for, if greater than 20

Multiple Dependent Claims

Fee (\$)

Fee Paid (\$)

360

0

Indep. Claims

Extra Claims

Fee (\$)

Fee Paid (\$)

5

- 4 or HP =

1

x

200

=

200

360

0

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets

Extra Sheets

Number of each additional 50 or fraction thereof

Fee (\$)

Fee Paid (\$)

x 100 =

0

/ 50 =

0

(round up to a whole number)

x

250

=

0

4. OTHER FEES

Non-English Specification, \$130 fee (no small entity discount)

Fee Paid (\$)

0

Other:

SUBMITTED BY

| | | | | | |
|-------------------|-------------------------|--------------------------------------|--------|-----------|----------------|
| Signature | <i>Gerald B Hollins</i> | Registration No. (Attorney/Agent) | 25,452 | Telephone | (937) 255-2838 |
| Name (Print/Type) | GERALD B. HOLLINS | | | Date | |

| | | | | | |
|-------------------|--|--------------------------------------|--|-----------|--|
| Signature | | Registration No. (Attorney/Agent) | | Telephone | |
| Name (Print/Type) | | | | Date | |